

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 26, 2006 8:00 am**  
**Secretary of State**

04-26-2006 90029 007 \*\*\*\*55.00

**DOCUMENT # L02000015211**

1. Entity Name  
**THE DALMOLIN GROUP, LLC**



Principal Place of Business

**1500 BAY ROAD  
SUITE 614  
MIAMI BEACH, FL 33139**

Mailing Address

**1500 BAY ROAD  
SUITE 614  
MIAMI BEACH, FL 33139**

**40036194**



**DO NOT WRITE IN THIS SPACE**

02282006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number  
**55-0814978**

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**LICHTMAN, JONATHAN J P.A.  
120 E. PALMETTO PARK ROAD, SUITE 100  
BOCA RATON, FL 33432**

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IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
DALMOLIN, JUSTIN  
1500 BAY ROAD  
MIAMI BEACH, FL 33139**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:**

**Justin Dalmolin**

**4/26/06**

**(305) 357-5576**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #